

ARKANSAS STATE PLANT BOARD - PESTICIDE DIVISION
CERTIFICATE OF LIABILITY INSURANCE

This is to certify that an insurance policy, which is in accordance with the insurance laws of the State of Arkansas, has been issued to:

Name _____ Address _____

City _____ State _____ Zip _____

Policy Number _____ Effective Date _____ Expiration Date _____

This policy includes pesticide application coverage.

LIMITS OF LIABILITY(Applicable to pesticide coverage)

Pesticide Application Coverage \$ _____ Deductible \$ _____

Does this policy cover the applications of 2,4-D containing compound? Yes No

List any pesticides applications not covered by this policy:

Application Equipment Covered:

Kind(Ground /Aircraft) _____

Model _____

"N" or other

Identification Number _____

(List additional equipment separate sheet and attach)

List approved pilots

The insurance company listed below is authorized to do business in the state of Arkansas. The policy identified meets the liability requirements as specified by ACA 20-20-209 (d) and the regulations promulgated pursuant thereto.

The State Plant Board shall be notified ten (10) days prior to any cancellation or change in liability.

Insurance Company _____ Address _____

City _____ State _____ Zip _____

Company Representative _____ Date _____

Name of Insurance Agency _____

Name of Agent _____

Signature _____

Date _____

Phone Number ()

Return this form to the Arkansas State Plant Board, P.O. Box 1069, Little Rock, AR 72203.